

EXHIBIT D-1

INDIAN HEALTH SERVICE

Federal Funds

General and special funds:

Indian Health Services

For expenses necessary to carry out the Act of August 5, 1954 (68 Stat. 674), the Indian Self-Determination Act, the Indian Health Care Improvement Act, and titles II and III of the Public Health Service Act with respect to the Indian Health Service, [\$2,240,658,000] \$2,387,014,000, together with payments received during the fiscal year pursuant to 42 U.S.C. 238(b) for services furnished by the Indian Health Service: *Provided*, That funds made available to tribes and tribal organizations through contracts, grant agreements, or any other agreements or compacts authorized by the Indian Self-Determination and Education Assistance Act of 1975 (25 U.S.C. 450), shall be deemed to be obligated at the time of the grant or contract award and thereafter shall remain available to the tribe or tribal organization without fiscal year limitation: *Provided further*, That \$15,000,000 shall remain available until expended, for the Indian Catastrophic Health Emergency Fund: *Provided further*, That [\$431,756,000] \$430,776,000 for contract medical care shall remain available for obligation until September 30, [2002] 2003: *Provided further*, That of the funds provided, up to \$22,000,000 shall be used to carry out the loan repayment program under section 108 of the Indian Health Care Improvement Act:

Provided further, That funds provided in this Act may be used for one-year contracts and grants which are to be performed in two fiscal years, so long as the total obligation is recorded in the year for which the funds are appropriated: *Provided further*, That the amounts collected by the Secretary of Health and Human Services under the authority of title IV of the Indian Health Care Improvement Act shall remain available until expended for the purpose of achieving compliance with the applicable conditions and requirements of titles XVIII and XIX of the Social Security Act (exclusive of planning, design, or construction of new facilities): *Provided further*, That funding contained herein, and in any earlier appropriations Acts for scholarship programs under the Indian Health Care Improvement Act (25 U.S.C. 1613) shall remain available for obligation until September 30, [2002] 2003: *Provided further*, That amounts received by tribes and tribal organizations under title IV of the Indian Health Care Improvement Act shall be reported and accounted for and available to the receiving tribes and tribal organizations until expended: *Provided further*, That, notwithstanding any other provision of law, of the amounts provided herein, not to exceed [\$248,781,000] \$288,234,000 shall be for payments to tribes and tribal organizations for contract or grant support costs associated with contracts, grants, self-governance compacts or annual funding agreements between the Indian Health Service and a tribe or tribal organization pursuant to the Indian Self-Determination Act of 1975, as amended, prior to or during fiscal year [2001] 2002, of which [not to exceed \$10,000,000 may be used] up to \$40,000,000 is for such costs associated with the Navajo Nation's new and expanded contracts, grants, self-governance compacts or annual funding agreements:1/ *Provided further*, That funds available for the Indian Health Care Improvement Fund may be used, as needed, to carry out activities typically

funded under the Indian Health Facilities account. (Department of the
Interior and Related Agencies Appropriations Act, [2001].) 2002

Indian Health Facilities

For construction, repair, maintenance, improvement, and equipment of health and related auxiliary facilities, including quarters for personnel; preparation of plans, specifications, and drawings; acquisition of sites, purchase and erection of modular buildings, and purchases of trailers; and for provision of domestic and community sanitation facilities for Indians, as authorized by section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a), the Indian Self-Determination Act, and the Indian Health Care Improvement Act, and for expenses necessary to carry out such Acts and titles II and III of the Public Health Service Act with respect to environmental health and facilities support activities of the Indian Health Service, [\$363,904,000] \$319,795,000, to remain available until expended: *Provided*, That notwithstanding any other provision of law, funds appropriated for the planning, design, construction or renovation of health facilities for the benefit of an Indian tribe or tribes may be used to purchase land for sites to construct, improve, or enlarge health or related facilities: [*Provided further*, That from the funds appropriated herein, \$5,000,000 shall be designated by the Indian Health Service as a contribution to the Yukon-Kuskokwim Health Corporation (YKHC) to start a priority project for the acquisition of land, planning, design and construction of 79 staff quarters at Bethel, Alaska, subject to a negotiated project agreement between the YKHC and the Indian Health Service: *Provided further*, That this project shall not be subject to the construction provisions of the Indian Self-Determination and Education Assistance Act and shall be removed from the Indian Health Service priority list upon completion: *Provided further*, That the Federal Government shall not be liable for any property

damages or other construction claims that may arise from YKHC undertaking this project: *Provided further*, That the land shall be owned or leased by the YKHC and title to quarters shall remain vested with the YKHC:2/ *Provided further*, That notwithstanding any provision of law governing Federal construction, \$2,240,000 of the funds provided herein shall be provided to the Hopi Tribe to reduce the debt incurred by the Tribe in providing staff quarters to meet the housing needs associated with the new Hopi Health Center:3/ *Provided further*, That \$5,000,000 shall remain available until expended for the purpose of funding joint venture health care facility projects authorized under the Indian Health Care Improvement Act, as amended: *Provided further*, That priority, by rank order, shall be given to tribes with outpatient projects on the existing Indian Health Services priority list that have Service-approved planning documents, and can demonstrate by March 1, 2001, the financial capability necessary to provide an appropriate facility: *Provided further*, That joint venture funds unallocated after March 1, 2001, shall be made available for joint venture projects on a competitive basis giving priority to tribes that currently have no existing Federally-owned health care facility, have planning documents meeting Indian Health Service requirements prepared for approval by the Service and can demonstrate the financial capability needed to provide an appropriate facility: *Provided further*, That the Indian Health Service shall request additional staffing, operation and maintenance funds for these facilities in future budget requests:] 4/ *Provided further*, That not to exceed \$500,000 shall be used by the Indian Health Service to purchase TRANSAM equipment from the Department of Defense for distribution to the Indian Health Service and tribal facilities: *Provided further*, That not to exceed \$500,000 shall be used the Indian Health Service to obtain ambulances for the Indian

Health Service and tribal facilities in conjunction with an existing interagency agreement between the Indian Health Service and the General Services Administration: *Provided further*, That not to exceed \$500,000 shall be placed in a Demolition Fund, available until expended, to be used by the Indian Health Service for demolition of Federal buildings: [*Provided further*, That notwithstanding the provisions of title III, section 306, of the Indian Health Care Improvement Act (Public Law 94-437, as amended), construction contracts authorized under title I of the Indian Self-Determination and Education Assistance Act of 1975, as amended, may be used rather than grants to fund small ambulatory facility construction projects: *Provided further*, That if a contract is used, the IHS is authorized to improve municipal, private, or tribal land, and that at no time, during construction or after completion of the project will the Federal Government have any rights or title to any real or personal property acquired as a part of the contract.] 5/ (Department of the Interior and Related Agencies Appropriations Act, [2001].) 2002

ADMINISTRATIVE PROVISIONS

Appropriations in this act to the Indian Health Service shall be available for services as authorized by 5 U.S.C. 3109 but at rates not to exceed the per diem rate equivalent to the maximum rate payable for senior-level positions under 5 U.S.C. 5376; hire of passenger motor vehicles and aircraft; purchase of medical equipment; purchase of reprints; purchase, renovation and erection of modular buildings and renovation of existing facilities; payments for telephone service in private residences in the field, when authorized under regulations approved by the Secretary; and for uniforms or allowances therefore as authorized by 5 U.S.C. 5901-5902; and for expenses of attendance at meetings which are concerned with the functions or activities for which the appropriation is made or which will contribute to improved conduct, supervision, or management of those functions or activities: *Provided*, That in accordance with the provisions of the Indian Health Care Improvement Act, non-Indian patients may be extended health care at all tribally administered or Indian Health Service facilities, subject to charges, and the proceeds along with funds recovered under the Federal Medical Care Recovery Act (42 U.S.C. 2651-2653) shall be credited to the account of the facility providing the service and shall be available without fiscal year limitation: *Provided further*, That notwithstanding any other law or regulation, funds transferred from the Department of Housing and Urban Development to the Indian Health Service shall be administered under Public Law 86-121 (the Indian Sanitation Facilities Act) and Public Law 93-638, as amended: *Provided further*, That funds appropriated to the Indian Health Service in this Act, except those used for administrative and program direction purposes, shall not be subject to limitations directed as

curtailing Federal travel and transportation: *Provided further*, That notwithstanding any other provision of law, funds previously or herein made available to a tribe or tribal organization through a contract, grant or agreement authorized by title I or title III of the Indian Self-Determination and Education Assistance Act of 1975 (25 U.S.C. 450), may be deobligated and reobligated to a self-determination contract under title I, or self-governance agreement under title III of such Act and thereafter shall remain available to the tribe or tribal organization without fiscal year limitation: *Provided further*, That none of the funds made available to the Indian Health Service in this Act shall be used to implement the final rule published in the Federal Register on September 16, 1987, by the Department of Health and Human Services, relating to eligibility for the health care services of the Indian Health Service until the Indian Health Service has submitted a budget request reflecting the increased cost associated with the proposed final rule, and such request has been included in an appropriations Act and enacted into law: *Provided further*, That funds made available in this Act are to be apportioned to the Indian Health Service as appropriated in this Act, and accounted for in the appropriation structure set forth in this Act: *Provided further*, That with respect to functions transferred by the Indian Health Service to tribes or tribal organizations, the Indian Health Service is authorized to provide goods and services to those entities, on a reimbursable basis, including payment in advance with subsequent adjustment, and the reimbursements received therefrom, along with the funds received from those entities pursuant to the Indian Self-Determination Act, may be credited to the same or subsequent appropriation account which provided the funding, said amounts to remain available until expended: *Provided further*, That reimbursements for training, technical

assistance, or services provided by the Indian Health Service will contain total costs, including direct, administrative, and overhead associated with the provision of goods, services, or technical assistance: *Provided further,* That the appropriation structure for the Indian Health Service may not be altered without advance [approval of] notice submitted to the House and Senate Committees on Appropriations. (*Department of the Interior and Related Agencies Appropriations Act, [2001].*) 2002

EXHIBIT D-2

Explanation of Language Changes

Language Provision	Explanation
<p>1/ <i>Provided further</i>, That, notwithstanding any other provision of law, of the amounts provided herein, not to exceed [\$248,781,000] <u>\$288,234,000</u> shall be for payments to tribes and tribal organizations for contract or grant support costs associated with contracts, grants, self-governance compacts or annual funding agreements between the Indian Health Service and a tribe or tribal organization pursuant to the Indian Self-Determination Act of 1975, as amended, prior to or during fiscal year [2001] <u>2002</u>, of which [not to exceed \$10,000,000 may be used] <u>up to \$40,000,000</u> is for such costs associated with <u>the Navajo Nation's</u> new and expanded contracts, grants, self-governance compacts or annual funding agreements:</p>	<p>Inclusion of the Navajo Nation in the Contract Support Costs language is needed because the anticipated need for these costs by the Nation is substantial and will be critical to its ability to operate contracted programs under the Indian Self-Determination Act.</p>
<p>2/ [<i>Provided further</i>, That from the funds appropriated herein, \$5,000,000 shall be designated by the Indian Health Service as a contribution to the Yukon-Kuskokwim Health Corporation (YKHC) to start a priority project for the acquisition of land, planning, design and construction of 79 staff quarters at Bethel, Alaska, subject to a negotiated project agreement between the YKHC and the Indian Health Service: <i>Provided further</i>, That this project shall not be subject to the construction provisions of the Indian Self-Determination and Education Assistance Act and shall be removed from the Indian Health Service priority list upon completion: <i>Provided</i></p>	<p>This language applies to the FY 2001 Appropriation that provided a contribution to Yukon-Kuskokwim Health Corporation to construct staff quarters in Bethel, Alaska.</p>

further, That the Federal Government shall not be liable for any property damages or other construction claims that may arise from YKHC undertaking this project: *Provided further*, That the land shall be owned or leased by the YKHC and title to quarters shall remain vested with the YKHC:]

3/ [*Provided further*, That notwithstanding any provision of law governing Federal construction, \$2,240,000 of the funds provided herein shall be provided to the Hopi Tribe to reduce the debt incurred by the Tribe in providing staff quarters to meet the housing needs associated with the new Hopi Health Center:]

Language is not needed because this is a one time contribution for debt reduction.

4/ [*Provided further*, That \$5,000,000 shall remain available until expended for the purpose of funding joint venture health care facility projects authorized under the Indian Health Care Improvement Act, as amended: *Provided further*, That priority, by rank order, shall be given to tribes with outpatient projects on the existing Indian Health Services priority list that have Service-approved planning documents, and can demonstrate by March 1, 2001, the financial capability necessary to provide an appropriate facility: *Provided further*, That joint venture funds unallocated after March 1, 2001, shall be made available for joint venture projects on a competitive basis giving priority to tribes that currently have no existing Federally-owned health care facility, have planning documents meeting Indian Health Service requirements prepared for approval by the Service and can demonstrate the financial capability needed to provide an appropriate facility: *Provided further*, That the Indian Health Service shall request additional staffing, operation and maintenance funds for these facilities in future budget requests:]

Language is not needed since there is not a request to provide additional funding for this authority.

5/ [*Provided further*, That notwithstanding the provisions of title III, section 306, of the Indian Health Care Improvement Act (Public Law 94-437, as amended), construction contracts authorized under title I of the Indian Self-Determination and Education Assistance Act of 1975, as amended, may be used rather than grants to fund small ambulatory facility construction projects: *Provided further*, That if a contract is used, the IHS is authorized to improve municipal, private, or tribal land, and that at no time, during construction or after completion of the project will the Federal Government have any rights or title to any real or personal property acquired as a part of the contract.]

Language is not needed since there is not a request to provide additional funding for this authority